



SMR120003

NH606582 130514



Health

Facility:

Instructions:

## ADULT FLUID ORDER

FAMILY NAME CUNNINGHAM MRN 000 0000

GIVEN NAMES FREDRICK  MALE  FEMALE

D.O.B. 10/04/42 M.O. CROZIER

ADDRESS \_\_\_\_\_

LOCATION / WARD SURGICAL WARD.

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Allergies/ADR:

Date (dd/mm/yyyy)	Fluid Type	Volume (mL)	Additive (dose/volume)	Rate (mL/hr)	Route	Prescriber's Name Print & Signature / pager No.	Date/Time Started	Date/Time Finished	Administered Print / Sign	Checked Print / Sign
23/05/18	4% DEX 1/5 N/S.	1000	—	100	IV	<u>CROZIER</u>	23/05/18 1000	23/05/18 2000	<u>FURNER</u>	<u>George</u>
23/05/18	4% DEX 1/5 N/S	1000	—	100	IV	<u>JOHNSTONE</u>	23/05/18 2000	24/05/18 0600	<u>CROSS.</u>	<u>FROST</u>
24/05/18	4% DEX 1/5 N/S	1000	—	100	IV	<u>CROZIER</u>	24/05/18 0600	1/1	<u>FURNER</u>	<u>George</u>
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		

SMR120.003 20PM 53 674 27 ADULT FLUID ORDER